POSITION	INITIALS	ID NO.	DATE
EE DETERMINATION		67594	1/27
O.I.P.E. CLASSIFIER FORMALITY REVIEW	3)	67369	2/5/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

	Rejected	N	Non-elected
~	Allowed	ï	Interference
=	Allowed		Appeal
_	(Through numeral) Canceled	0	Objected

÷ `	Restricted	0	Objected	
Data	Claim	Date	Claim	Date
Claim Date Particular Claim Date Date Date Date Date Date	Final Original		Final	
	51		101	
\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	52		102	
 	53		103	
	54		104	╀┼┼┼┼┼
	55		106	┼┼┼┼┼
\$	56	┤┤┤┤ ┼┼┼	107	
	58	+++++	108	
B	59	+++++	109	
10	60		110	
	61		111	
2	62		112	
13	63		113	+++++
4	64		115	
15	65		116	
16	66	- - - -	117	
17	68	+++++	118	
18	69		119	
	70		120	
	71		121	
21 22	72		122	
23	73		123	-+-+-+-+-+
24	74		124	
25	75	\Box	126	
26	76	+++++	127	
	77	+++++++	128	
28	79		129	
29	80		130	
30	81		131	
2	82		132	
33	83		133	╼┼┼┼┼┼┼
784	84	 	135	
35	85		136	
36	86	 	137	
37	88		138	
38 39	89		139	
	90		140	
40	91		141	
41 42	92		142	
43	93		143	
44	94		144	╽╶┧╸╏╺╏╺╏╸╏
45	95		145	╎╎╎╎
46	96	 	147	++++++
47	97	┽┼┼┼┼┼┼	148	
48	99	- - - - - - - - - - - - - -	149	
50	100	+ + + <u>+</u> + + + +	150	
[,	

If more than 150 claims or 10 actions staple additional sheet here